



SRHR and Financing for Health

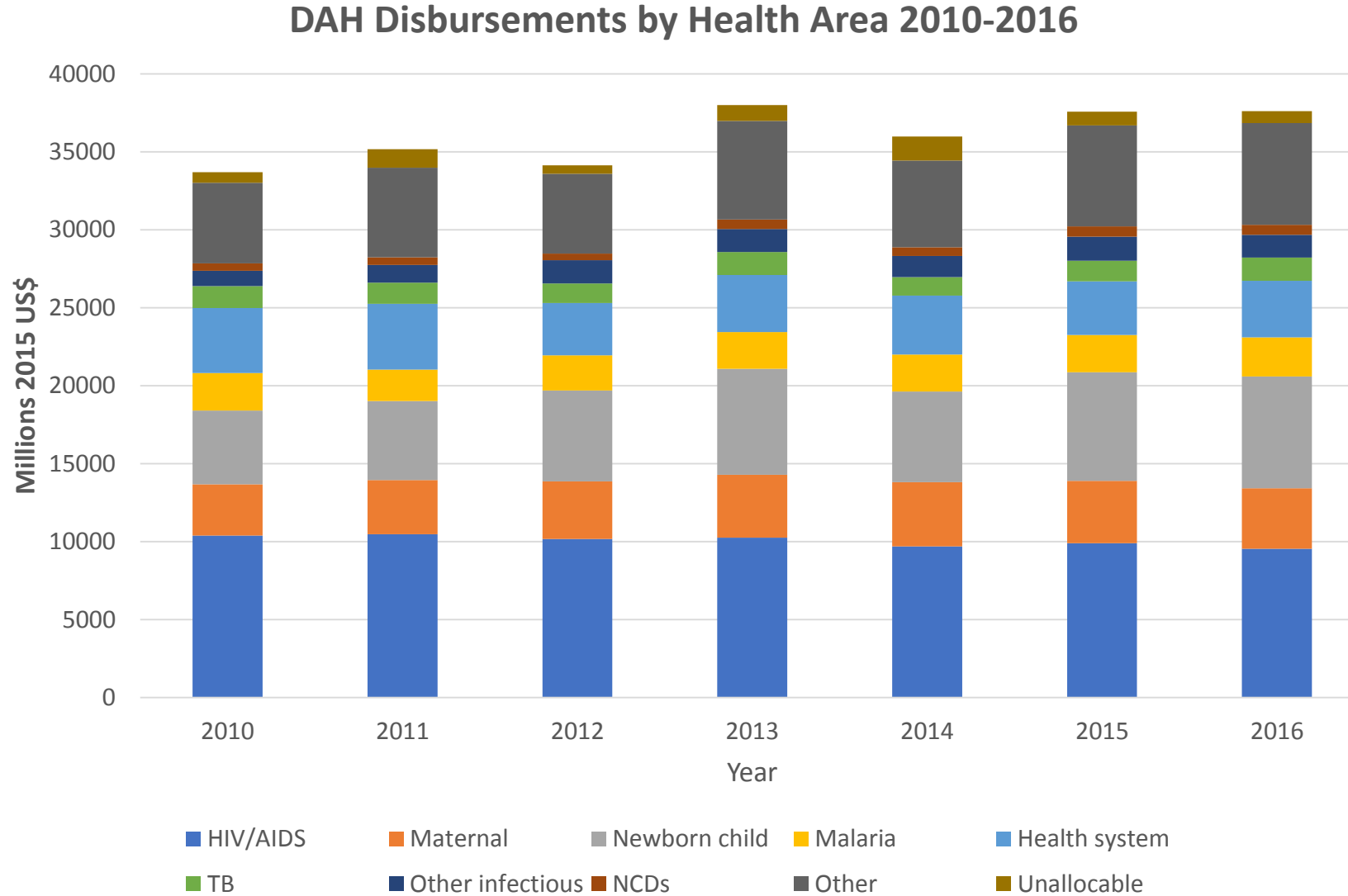
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on behalf of Tim Evans



Slowdown in Growth of DAH

- Development assistance expanded very rapidly from 2000 to 2010/11
- DAH for health expanded even more rapidly
- DAH focused largely on RMNCH, HIV/AIDS, TB, malaria
- Slowdown since 2011 in development assistance, DAH, DA for RMNCH



Source: IHME Financing Global Health Database 2016. 2015 data preliminary, 2016 very preliminary



What now?

- Considerable uncertainty – if current «flattening» continues, can not expect growth in DAH in short run – depends on elections, economic growth.
- Donor priorities can also change: in recessions since 1990, DAH was protected compared to other sectors – so donors can adjust if they want.
- Domestic resources will increase with continued (but slower recently) growth in low- and middle-income countries – uncertain how they will allocate them to health, to RMNCAH, and to supporting SRHR
- Would be possible to get better understanding of implications of commitments already made for health on RMNCAH and SRHR by looking at details of commitments in CRS of the OECD
- For non CRS donors and more recent trends, would need to contact them